



EERA FAIR SHARE FEE REINSTATEMENT PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

REQUIREMENTS:

1. A petition for reinstatement of a previously rescinded fair share fee provision must be filed with the appropriate PERB regional office (see PERB Regulation 32075) and accompanied by proof of at least 30 percent support of the employees in the unit. (Government Code Section 3546(d)(2) and PERB Regulations 34050 through 34065.)
2. *Each* card or sheet of paper on which signatures of employees are obtained should state at the top that the undersigning employees are petitioning PERB to hold a secret ballot election to vote for reinstatement of the fair share fee provision covering employees of the (employer) in the (title) unit represented by the (name of employee organization). Proof of support shall conform to the requirements of PERB Regulation 32700(b), (c), (e)(3), (f), and (g).
3. The petition, *excluding* the proof of at least 30 percent support, must be served on the employer. Proof of service, as defined in PERB Regulation 32140, shall be included with the petition.

<div>1. EMPLOYER (Name, address and telephone)</div> <div><div>() Ext.</div><div>Employer’s agent to be contacted:</div><div>Title:</div><div>Address and telephone, if different:</div><div><div>() Ext.</div></div></div>	<div>1. EXCLUSIVE REPRESENTATIVE (Name, address and telephone)</div> <div><div>() Ext.</div><div>Agent to be contacted:</div><div>Title:</div><div>Address and telephone, if different:</div><div><div>() Ext.</div></div></div>
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3. TITLE OF THE ESTABLISHED UNIT:

4. APPROXIMATE NUMBER OF EMPLOYEES IN THE ESTABLISHED UNIT:

5. INFORMATION REGARDING CURRENT WRITTEN AGREEMENT, IF ANY:

EFFECTIVE DATE: EXPIRATION DATE:

ARTICLE OR SECTION NUMBER, IF ANY, OF THE FAIR SHARE FEE PROVISION:

I declare that the statements herein are true to the best of my knowledge and belief and that this fair share fee reinstatement petition is accompanied by proof of at least 30 percent support of the employees in the established unit.

PETITIONER’S AUTHORIZED AGENT: (Signature)

Title (if any): Date:

Los Angeles Regional Office
3530 Wilshire Blvd., Suite 1435
Los Angeles, CA 90010-2334
(213) 736-3127

Sacramento Regional Office
1031 18th Street, Suite 102
Sacramento, CA 95814
(916) 322-3198

San Francisco Regional Office
1330 Broadway, Suite 1532
Oakland, CA 94612-2514
(510) 622-1016